

Claimant Name:

Reference Number:

**Job Analysis – To be completed by Employer**

Company Name:	
Address:	
Employee Hire Date:	
Last Day Worked:	
Reason for Last day worked:	
Occupation at time of disability:	
Estimated return to work date: (Full-time or Part-time)	

- **Work Schedule** – Full-time, Part-time, day or night shift and number of hours worked per day and per week.
- **Environment** - Temperature, Light, Noise, Vapour/Fumes, Physical Hazards, etc.):
- **Equipment** - Types of machines, equipment, tools and work aids required to perform occupation:
- **Vehicles** – Vehicles or equipment driven at work: Please specify if a special license is required.
- **Job Modifications:** Can job duties and work hours be modified to accommodate restrictions? If so, please provide a date when these modifications would be available.
- **Worker Modifications:** What physical aids can be provided to accommodate a return to work?

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**Physical Demands of the occupation at the time of disability**  
Please circle the appropriate numbers below for each Job requirement

- 0 - never performed  
1 - sometimes performed  
2 - performed occasionally, less than 1 hour per day  
3 - frequent and/or repetitious for 1-3 hours daily  
4 - maximum job requirement for over 3 hours per day

Sitting Chair	0	1	2	3	4	Gripping	0	1	2	3	4
Sitting Vehicle Seat	0	1	2	3	4	Pinching	0	1	2	3	4
Standing	0	1	2	3	4	Typing	0	1	2	3	4
Walking:						Climbing:					
Level Surface	0	1	2	3	4	Ladders	0	1	2	3	4
Uneven Surface	0	1	2	3	4	Scaffolding	0	1	2	3	4
Stairs	0	1	2	3	4	Other	0	1	2	3	4
Bending:						Lifting:					
Stooping	0	1	2	3	4	From Ground	0	1	2	3	4
Crouching	0	1	2	3	4	From Waist	0	1	2	3	4
Kneeling	0	1	2	3	4	Above Waist	0	1	2	3	4
Mobility:						Lifting, Carrying, Pushing, Pulling					
Carrying	0	1	2	3	4	0 to 10lbs	0	1	2	3	4
Pushing	0	1	2	3	4	10 to 25lbs	0	1	2	3	4
Pulling	0	1	2	3	4	25 to 50lbs	0	1	2	3	4
Crawling	0	1	2	3	4	over 50lbs	0	1	2	3	4
Reaching:											
Below Shoulder	0	1	2	3	4						
At Shoulder level	0	1	2	3	4						
Above Shoulder	0	1	2	3	4						

Comments:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_